

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1928	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2017
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NAME OF PROVIDER OR SUPPLIER TREVECCA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 329 MURFREESBORO RD NASHVILLE, TN 37210
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 01/17/2017 at 12:29 PM, revealed a 1 " steel pipe penetration in the concrete ceiling of the housekeeping supply cage filled with an unapproved fire stopping material (expanding foam and wood).NFPA 101, 8.3.5 (2012 Edition)</p> <p>2. Observation on 01/17/2017 at 12:30 PM, revealed a 2 " metal sleeve penetration in the concrete ceiling of the housekeeping supply cage not sealed.NFPA 101, 8.3.5 (2012 Edition)</p> <p>3. Observation on 01/17/2017 at 12:31 PM, revealed the following penetrations in the laundry room above the washing machines: a. 2 " insulated pipe (sealed with expanding foam) b. 1 " steel pipe, 1 ½ steel pipe, and ¾ " metal conduit penetrating concrete ceiling not sealed NFPA 101, 8.3.5 (2012 Edition)</p> <p>4. Observation on 01/17/2017 at 12:43 PM, revealed the UL labeled painted over on the</p>	N 831	<p>N 831</p> <p>The facility will arrange and maintain the condition of the plant/building in compliance with the building standards and fire safety regulations to ensure the safety of all residence. Maintenance staff has repaired all observed penetration and performed an inspection throughout the building to make sure no other penetration exist. 1)The 1" penetration in the concrete ceiling of the housekeeping supply cage was sealed with appropriate fire stopping material to prevent spread of smoke and fire, in the event of a fire. 2) The 2" metal sleeve penetration in the concrete ceiling of the housekeeping supply was sealed with appropriate fire stopping material to prevent spread of smoke and fire, in the event of a fire. 3) a. The expended foam around the 2" insulated pipe in laundry room above washing machine was removed and appropriate fire stopping material was used to seal penetration. b. The 1" steel pipe, 1 1/2" steel pipe and 3/4 metal conduit penetrating the concrete ceiling were sealed with appropriate fire stopping material to prevent spread of smoke and fire, in the event of a fire.</p> <p>continue on page 2</p>	<p>1/20/2017</p> <p>1/20/2017</p> <p>1/20/2017</p>

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

TMFB21

If continuation sheet 1 of 2

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER TREVECCA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 329 MURFREESBORO RD NASHVILLE, TN 37210		
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N 831	Continued From page 1 kitchen double doors by the elevator. NFPA 101, 8.3.3.2.3 Maintenance staff was present when the deficiencies were identified, and were acknowledged by the administrator during the exit conference on 01/17/2017.	N 831	<i>continued from page 1</i> N 831 The facilities will arrange and maintain all openings required to have fire rated doors and hardware in accordance with Life Safety Codes and NFPA 80. Maintenance staff has removed paint off the UL label on the kitchen double door on Jan 18, 2017 and inspected all fire doors throughout the building to ensure compliance. No other UL labels on doors were painted. Maintenance staff was lectured and in- serviced on the subject of maintaining all fire rated doors and hardware in accordance to NFPA 80 requirement, and the importance of maintaining the labels on fire door assemblies in a legible condition. See attachment N831. Maintenance Director will monitor the education and training of staff and will report the results to the Quality Improvements Comity and the Administrator on a quarterly basis.	1/18 /2017